

Preliminary Report of Accident



1. Accident Type: Fatal Injury		2. Accident Classification Slip or Fall of Person		3. Date/Time of Accident 10/17/2013 09:41 AM		4. Date/Time of Death 10/19/2013 07:10 PM		5. Fatal Case No 14			
6. Mine Information :											
a) Mining Company Name National Cement Company Of California Inc			b) Mine Name Lebec Cement Plant			c) Parent of Mining Company Vicat S A					
7. Mine Location :		a) City Lebec		b) County Kern		c) State CA		8. Mine ID Number: 04-00213		9. Union: YES	
10. Primary Mineral Mined: HYDRAULIC CEMENT			11. Number of Mine Employees:		a) Total 89		b) Underground 13		c) Open Pit/Quarry 46		d) Mill/Prep Plant 30
12. Contractor Name:						13. Union		14. Contractor ID Number:			
15. Contractor Address:											
a) City		b) County			c) State			d) Zip Code			
16. Number of Contractor Employees:											
a) Total		b) Underground		c) Open Pit/Quarry		d) Mill/Prep Plant		e) Other			
17. Number of Persons in Mine at Time of Accident:						18. Number of Persons Unaccounted For:					
a) Mine Employees: 89		b) Contractor Employees:				a) Mine Employees: 0		b) Contractor Employees:			
19) Location of Accident									20. Mining Height:		
<input type="checkbox"/> 01-Underground	<input type="checkbox"/> 03-Open Pit		<input type="checkbox"/> 07-Advance Mining		<input checked="" type="checkbox"/> 30-Mill/Prep Plant		<input type="checkbox"/> Other (specify)		Feet	Inches	
<input type="checkbox"/> 02-Surface at Underground	<input type="checkbox"/> 06-Dredge Mining		<input type="checkbox"/> 08-Retreat Mining		<input type="checkbox"/> 99-Office Facility						
21. Nonfatal Injuries: 0		22. Fatal Injuries: 1									
23. Victim Information :											
a) Name Fernando Rivera				b) Age 52							
c) Regular Job Title: Journeyman Electrician				d) Activity at Time of Accident: Pulling cable				<input checked="" type="checkbox"/> Mine Employee			
24. Experience :											
Years Weeks Days			Years Weeks Days			Years Weeks Days			Years Weeks Days		
a) Total:	5 24 0		b) at the mine:	5 24 0		c) at activity (23d)	5 24 0		d) with Contractor		
25. Autopsy Performed: If Yes, Location YES Bakersfield, CA						26. Mine Telephone No.: (661) 248-6733					

27. Description of Accident (include equipment involved, the exact location in the mine, and status of rescue and recovery operations):

The victim was working from a step ladder, pulling SO cable into a cable tray. The cable tray mounting bracket broke loose from the wall and the tray struck the ladder. The victim fell 5 feet from the ladder striking his head on the concrete floor. He was transported to a hospital where he died..

The information provided in this notice is based on preliminary data ONLY and does not represent final determinations regarding the nature of the incident or conclusions regarding the cause of the accident.

28. Equipment Manufacturer: P.W. Industries Inc.			29. Model: 09-1F53-0020-06		
30. District: M7000 Western		32. Field Office: San Bernardino CA			33. Event Number: 6594946
34. Accident Investigator: David E. Reynolds			35. MSHA Person Notified: James R Fitch		Date 10/17/2013
					Time 09:52 A
36. Type of Report Amended		37. Name of Preparer and Date Prepared: Mike Harcher <i>MH</i>			Date 10/18/2013
38. Reason For Amendment: Items 1, 4, 5, 21, 22, 25					